

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07426

**FILED**  
**Feb 22, 2015**  
**Secretary of State**  
**CC9115989267**

**Entity Name:** THE CHURCH PLANTING NETWORK, INC.

**Current Principal Place of Business:**

% ELEANOR F. NICHOLAS  
900 NE SPANISH RIVER BLVD APT 6E  
BOCA RATON, FL 33431

**Current Mailing Address:**

% ELEANOR F. NICHOLAS  
P.O. BOX 812161  
BOCA RATON, FL 33481 US

**FEI Number: 59-2575706**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RONALD J. TOBIAS  
17829 PINE NEEDLE TER.  
BOCA RATON, FL 33487 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NICHOLAS, ELEANOR F.  
Address        900 NE SPANISH RIVER BLVD  
                  APT 6E  
City-State-Zip: BOCA RATON FL 33431

Title            SECRETARY  
Name            RYAN M. MCINERNEY  
Address        8297 THAMES BLVD  
City-State-Zip: BOCA RATON FL 33433

Title            VP  
Name            TOBIAS, RONALD J  
Address        17829 PINE NEEDLE TER  
City-State-Zip: BOCA RATON FL 33487

Title            OFFICER  
Name            TALLBACKA, JAMES R  
Address        510 N OCEAN BLVD  
                  APT 510  
City-State-Zip: POMPANO BEACH FL 33062

Title            OFFICER  
Name            CLEVELAND, CASEY  
Address        4447 REGAL COURT  
City-State-Zip: DELRAY BEACH FL 33445

Title            OFFICER  
Name            POLETTO, JOHN R  
Address        7726 CHARNEY LANE  
City-State-Zip: BOCA RATON FL 33496

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ELEANOR F NICHOLAS**

**PRESIDENT**

**02/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date